

Case Number:	CM14-0104798		
Date Assigned:	07/30/2014	Date of Injury:	03/14/2003
Decision Date:	09/25/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 66 year-old female with the date of injury of 03/14/2003. The patient presents with pain in her lower back, radiating down her lower extremities with tingling or numbing sensations. The patient rates her pain as 6-7/10 on the pain scale most of time. The patient is not working. The patient is currently taking Gabapentin, Vicodin, Nexium, and Zanaflex. According to [REDACTED] report on 06/05/2014, diagnostic impressions are: L-spine strain/sprain, Trochanteric bursitis, and chronic pain syndrome. The utilization review determination being challenged is dated on 06/12/2014. [REDACTED] is the requesting provider, and he provided treatment reports on 03/13/2014 to 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

INDOMETHACIN 75MG #30 QD X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67,68.

Decision rationale: The patient presents chronic and severe pain in her lower back. The MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. According to Utilization review letter on 06/12/2014, [REDACTED], a rheumatologist had continued the patient on Indomethacin. Utilization review indicates that the patient had used this medication over a year. There are no reports that specifically discuss the request. There is no indication of exactly when the patient began using Indomethacin or how Indomethacin has been helpful in terms of decreased pain or functional improvement. The provider does not indicate that his medication is to be used for a short term. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. Indomethacin 75MG #30 QD X1 is not medically necessary.

NEXIUM 40MG #30 1 QD X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents chronic and severe pain in her lower back. According to Utilization review letter on 06/12/2014, the patient had used Nexium over 2 years against the gastrointestinal side effects of Indomethacin. None of the reports indicate that the patient restarts taking Indomethacin. The MTUS guidelines page 69 recommend prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; etc. In this case, the treater does not provide any GI assessment to determine whether or not the patient would require prophylactic use of a PPI. No medications are listed to know whether or not the patient is on any NSAIDs and there are no reports of gastric problems either. Nexium 40MG #30 1 QD X1 is not medically necessary.